

ASBESTOS NESHAP NOTIFICATION OF DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #		
I. TYPE OF NOTIFICATION (O - ORIGINAL C- CANCELLED) (R - REVISION -- WRITE REVISION #?) _____					
II. FACILITY INFORMATION (IDENTIFY OWNER, REMOVAL CONTRACTOR, AND OTHER OPERATOR)					
OWNER NAME:					
ADDRESS:					
CITY:	County:	State:	ZIP:		
CONTACT:			Telephone:		
ASBESTOS REMOVAL CONTRACTOR:					
ADDRESS:					
CITY:		State:	Zip:		
CONTACT:		Telephone:	Title:		
DEMOLITION CONTRACTOR:					
ADDRESS:					
CITY:		State:	ZIP		
CONTACT:		Telephone:	Title:		
III. TYPE OF OPERATION: (D-DEMO O-ORDERED DEMO R-RENOVATION E-EMERGENCY RENOVATION):					
IV. IS ASBESTOS PRESENT? (YES / NO)		List Type of Asbestos Material (s) to be Removed:			
V. FACILITY DESCRIPTION (INCLUDE BUILDING NAME, NUMBER AND FLOOR OR ROOM NUMBER)					
BLDG NAME:					
ADDRESS:					
CITY:	County:	State:	ZIP:		
SITE LOCATION:					
BUILDING SIZE:	Number of floors:	Age in years:			
PRESENT USE:	PRIOR USE:				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
VII. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: 1. REGULATED ACM (RACM) 2. CATEGORY I ACM 3. CATEGORY II ACM	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL TO BE REMOVED		NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED	
		CAT I	CAT II	CAT I	CAT II
PIPES: (Linear Feet)					
SURFACE AREA (Square Feet)					
VOL. RACM OFF FACILITY COMPONENT (Cubic Feet)					
VIII. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:					
Weekdays Work Hours: _____			Weekend Work Hours: _____		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.		
XII. WASTE TRANSPORTER		
ADDRESS:		
CITY:	STATE	ZIP
CONTACT PERSON:	TELEPHONE:	
XIII. WASTE DISPOSAL SITE:		
NAME:		
LOCATION:		
CITY:	STATE	ZIP
TELEPHONE:		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
NAME:	TITLE:	
AUTHORITY:		
DATE OF ORDER (MM/DD/YY)	DATE ORDERED TO BEGIN: (MM/DD/YY)	
XV. FOR EMERGENCY RENOVATIONS		
a) DATE AND HOUR OF EMERGENCY: (MM/DD/YY)		
b) DESCRIPTION OF THE SUDDEN, UNEXPECTED EVENT:		
c) EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION)		
<div style="border-top: 1px solid black; width: 100%;"></div> (SIGNATURE OF OWNER/OPERATOR)		<div style="border-top: 1px solid black; width: 100%;"></div> (DATE)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
<div style="border-top: 1px solid black; width: 100%;"></div> (SIGNATURE OF OWNER/OPERATOR)		<div style="border-top: 1px solid black; width: 100%;"></div> (DATE)

REGULATED DEMOLITIONS: PLEASE ATTACH COPY OF ASBESTOS INSPECTION